Washington State Department of Health

Send completed forms to DOH Communicable Disease Epidemiology
Fax: 206-361-2930

LHJ Use ID _____
☐ **Reported to DOH** **Date** ___/___/___
LHJ Classification ☐ **Confirmed** ☐ **Probable**
By: ☐ **Lab** ☐ **Clinical** ☐ **Other:** _____
Outbreak # (LHJ) _____ **(DOH)** _____

DOH Use ID _____
Date Received ___/___/___
DOH Classification
☐ ***Confirmed***
☐ ***Probable***
☐ ***No count; reason:***

Rabies

County

REPORT SOURCE

Initial report date ___/___/___
Reporter (check all that apply)
☐ Lab ☐ Hospital ☐ HCP
☐ Public health agency ☐ Other
OK to talk to case? ☐ Yes ☐ No ☐ Don't know

Reporter name _____
Reporter phone _____
Primary HCP name _____
Primary HCP phone _____

PATIENT INFORMATION

Name (last, first) _____
Address _____ ☐ Homeless
City/State/Zip _____
Phone(s)/Email _____
Alt. contact ☐ Parent/guardian ☐ Spouse ☐ Other Name: _____
Phone: _____
Occupation/grade _____
Employer/worksite _____ School/child care name _____

Birth date ___/___/___ Age _____
Gender ☐ F ☐ M ☐ Other ☐ Unk
Ethnicity ☐ Hispanic or Latino
☐ Not Hispanic or Latino
Race (check all that apply)
☐ Amer Ind/AK Native ☐ Asian
☐ Native HI/other PI ☐ Black/Afr Amer
☐ White ☐ Other

CLINICAL INFORMATION

Signs and Symptoms

Y	N	DK	NA	
☐	☐	☐	☐	Fever Highest measured temp: _____ °F Type: ☐ Oral ☐ Rectal ☐ Other: _____ ☐ Unk
☐	☐	☐	☐	Headache
☐	☐	☐	☐	Malaise
☐	☐	☐	☐	Weakness
☐	☐	☐	☐	Anxiety/apprehension
☐	☐	☐	☐	Pain/sensory changes around location of bite
☐	☐	☐	☐	Excitability
☐	☐	☐	☐	Trouble swallowing, aversion to water (hydrophobia)
☐	☐	☐	☐	Aversion to air flow on face (aerophobia)

Predisposing Conditions

Y	N	DK	NA	
☐	☐	☐	☐	Pre-existing wound, animal bite
☐	☐	☐	☐	History of bat exposure

Clinical Findings

Y	N	DK	NA	
☐	☐	☐	☐	**Encephalitis**
☐	☐	☐	☐	**Paresis**
☐	☐	☐	☐	**Paralysis**
☐	☐	☐	☐	Delirium
☐	☐	☐	☐	Convulsions
☐	☐	☐	☐	Aerophobia
☐	☐	☐	☐	Hydrophobia
☐	☐	☐	☐	**Coma**

Hospitalization

Y	N	DK	NA	
☐	☐	☐	☐	Hospitalized for this illness

Hospital name _____
Admit date ___/___/___ Discharge date ___/___/___

Y	N	DK	NA	
☐	☐	☐	☐	**Died from illness** Death date ___/___/___
☐	☐	☐	☐	Autopsy

Vaccine History

Y	N	DK	NA	
☐	☐	☐	☐	Rabies vaccine completed in past (at least 3 doses) Date of last rabies vaccine: ____/____/____ Total # rabies doses: _____

Laboratory

Collection date ___/___/___

Y	N	DK	NA	
☐	☐	☐	☐	**Detection by DFA of viral antigens in clinical specimen (preferably brain or nuchal biopsy)**
☐	☐	☐	☐	**Isolation of rabies virus from saliva, CSF or CNS tissue**
☐	☐	☐	☐	**Rabies antibody titer ≥5 in unvaccinated person (serum or CSF)**

Lab submitted to: _____

NOTES

Case defining variables are in **bold.** Answers are: Yes, No, Unknown to case, Not asked /Not answered

Washington State Department of Health **Case Name:** _____

INFECTION TIMELINE

Enter onset date/time (first sx) in heavy box. Count backward to determine probable exposure period

Exposure period*

	- 8	-3	onset
Weeks from onset:			
Calendar date/time:			

** rarely, may be as short as 9 days or as long as 7 years, depending on site and severity of wound*

EXPOSURE

Y N DK NA

☐ ☐ ☐ ☐ Travel out of the state, out of the country, or outside of usual routine
Out of: ☐ County ☐ State ☐ Country
Destinations/Dates: _____
_____

Y N DK NA

☐ ☐ ☐ ☐ Occupational exposure (e.g. pet shop, veterinary clinic, lab worker, wildlife worker)

☐ ☐ ☐ ☐ Animal exposure
Type of animal exposure:
☐ Bite ☐ Saliva ☐ Scratch
☐ Bat in house ☐ Bat in sleeping area
☐ Other: _____ ☐ Unk
Type of animal:
☐ Bat ☐ Cat ☐ Dog ☐ Ferret ☐ Raccoon
☐ Other: _____ ☐ Unk
Animal status:
☐ Domestic ☐ Stray ☐ Wild
☐ Other: _____ ☐ Unk
Animal description: _____
Breed: _____
Animal name: _____

Y N DK NA

☐ ☐ ☐ ☐ Injury or exposure circumstances known
Date of exposure: ___/___/___
Exposure location: _____
Anatomic site of injury or wound (e.g. head, arm):
_____
Circumstances of animal exposure: _____
_____
Wound cleaned: ☐**Y** ☐**N** ☐**DK** ☐**NA**
Animal exposure provoked: ☐**Y** ☐**N** ☐**DK** ☐**NA**

Y N DK NA

☐ ☐ ☐ ☐ Animal vaccination history known
Animal rabies vaccination status:
☐ Unvaccinated or vaccine not current
☐ Vaccinated ☐ Unk
Date of (animal) last rabies vaccine: ___/___/___
Total # (animal) rabies doses: _____

Y N DK NA

☐ ☐ ☐ ☐ Animal contact/control information known. If yes:
Animal owner or location (e.g. park) name: _____
_____
Owner or location address: _____
_____
Owner or location phone number: _____
Veterinary clinic name: _____
Clinic address: _____
Clinic phone: _____
Veterinarian name: _____
Animal control contact name: _____
Animal control contact phone: _____

☐ **No risk factors or exposures identified**
☐ Patient could not be interviewed

Most likely exposure/site: _____ **Site name/address:** _____
Where did exposure probably occur? ☐ In WA (County: _____) ☐ US but not WA ☐ Not in US ☐ Unk

PATIENT PROPHYLAXIS / TREATMENT

Y N DK NA

☐ ☐ ☐ ☐ Treatment recommended
if yes:
Human RIG given ☐**Y** ☐**N** ☐**DK** ☐**NA**
Date: ____/____/____
☐ RIG refused

Y N DK NA

☐ ☐ ☐ ☐ Rabies vaccine given
Date of initial vaccination: ____/____/____
Vaccine name: _____
Prescribing health care provider: _____
Phone: _____
☐ Vaccination refused

PUBLIC HEALTH ISSUES

Y N DK NA

☐ ☐ ☐ ☐ Animal available for observation or quarantine (cat, dog or ferret only)

PUBLIC HEALTH ACTIONS

Animal disposition: ☐ Lost to follow-up ☐ Sent for testing
☐ Under observation ☐ Healthy after 10 day observation ☐Other: _____
Quarantine site contact name: _____
Quarantine site address: _____
Quarantine site phone: _____

NOTES

Investigator _____ **Phone/email:** _____ **Investigation complete date** ___/___/___

Local health jurisdiction _____

Rabies: case defining variables are in **bold.** Answers are: Yes, No, Unknown to case, Not asked /Not answered